

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-575)

SERIAL 097869578

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			"		"		"	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3			1	1	1		53						
4		1			1		54						
5			1				55						
6		1			1		56						
7			1				57						
8		1			1		58						
9			1				59						
10		1			1		60						
11			1				61						
12		1			1		62						
13			1				63						
14		1			1		64						
15			1				65						
16		1			1		66						
17			1				67						
18		1			1		68						
19			1				69						
20		1			1		70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	↓	17	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	20		19				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS